Check appropriate box.

Insurance Company Annual Return for SBT and Retaliatory Tax

Issued under P.A. 228 of 1975, as amended. Filing is mandatory.		•	This is an original return This is an amended retu
1. Company Name	▶ 2. Federal Employer		
Address (No., Street)	▶ 3. Insurer Type (Che	eck one)	
] _		
City, State, ZIP		Foreign	Domestic
Ourtest Pourse	October Device Bloom No.	A Ctata of Incorpora	stion
Contact Person	Contact Person Phone No.	4. State of Incorpora (2 letters)	ation
<u></u>		(2 letters)	
ADJUSTED RECEIPTS			-
5. Enter the amount of the total company adjusted	receipts for calendar year 2002		ວ
APPORTIONMENT			
6. Enter Michigan gross direct premiums			_
7. Enter total gross direct premiums everywhere			
8. Michigan apportionment percentage. Divide line			•
9. Apportioned Tax Base. Multiply line 5 by line 8			9
DISABILITY INSURANCE EXEMPTION			
10. Enter the disability insurance premiums written in	_		
credit insurance or disability income, OR \$130,00)	_
11. Enter total gross direct premiums from all lines of			
insurance carrier services everywhere	11		
	- \$180,000,000		
12. Subtract \$180,000,000. If less than zero, enter z			
13. Exemption reduction. Multiply line 12 by 2			
14. Allowable exemption. Subtract line 13 from line 1	This amount can't be less than	n zero 14	
15. ADJUSTED TAX BASE. Subtract line 14 from lin	ie 9	15	
16. TAX BEFORE CREDITS. Multiply line 15 by 1.07	735% (.010735)	▶ 16	
CREDITS			
17. Enter amounts paid from 1/1/2001 to 12/31/2001	to each of the following:		
a. Michigan Workers' Compensation Placement	Facility ▶ 17a		
b. Michigan Basic Property Insurance Associatio	n b. _		
c. Michigan Automobile Insurance Placement Fa	cility c. _		
d. Property and Casualty Guaranty Association) d		
e. Life and Health Guaranty Association	> e		
18. Add lines 17a through 17e	18		
19. This year's credit is 100%. Carry the amount from	m line 18 here 19		
20. Michigan Regulatory Fees Credit			
21. Add lines 19 and 20			
22. Subtract line 21 from line 16. If less than zero, et			
23a. Contributions to COMMUNITY FOUNDATIONS			
b. CREDIT . Enter the smaller of 50% of line 23a, \$			b.
c. Enter the code for the foundation contributed to			
24. Subtract line 23b from line 22			
25a. Contributions to HOMELESS SHELTER/FOOD			
b. CREDIT . Enter the smaller of 50% of line 25a, \$			h
26. Subtract line 25b from line 24			
27a. Contributions to COLLEGES AND PUBLIC LIB			• -
b. CREDIT. Enter the smaller of 50% of line 27a, \$			h
28. Subtract line 27b from line 26			
29. Nonrefundable credits from C-8000MC, line 75.			
30. TAX AFTER CREDITS. Subtract line 29 from line			
Domestic insurers go to page 2, line 47. Foreign	n and alien insurers go to page	e 2, line 31.	
PAYMENT			
61. Write the amount entered on page 2, line 57	PAY THIS	AMOUNT 61	

Foreig	n and alien insure	ers complete lines 31	1 - 47. Domestic i	nsurers go to line 47.		
31.	Enter the amount	t from line 30			31.	
				Column A	Column B	
TAXE	:9			State of Incorporation	Michigan	
32.		ation tax	32			
33.		ousiness tax from line 3				
	S AND ASSESSM		1			
34.		t filing fee	34		25	5.00
35.	Certificate of Auth	hority renewal fee	35			
36.		mpliance				
37.		osit				
38.	Certificate of Value	uation	38			
39.		f other fees paid in the				
00.		ach a detailed schedule				
40.	•	(
41.		nd		•		
42.		Disease Fund				
43.		and Training Fund				
43. 44.		all other assessments.		•	1	
→ •.		ule of assessments				
TOT			44	•		
45.		seeseemente Add lines	: 32 _ 4A	. •	 	
45. 46.				less than 0		
46. 47.				the amount from line 30		
50. T	ax paid with requested	st for extension from C-8000MC. line 1	2	50. <u> </u>		_
01.1				J1		_
52. T	otal Payments. Ad	ld lines 48 through 51			> 52.	_
		-	payment of tax ma	ade with the original retur	n	
53 .C	omplete this line	OR				
	nly if amending a		•	ax received with the origin		
re	eturn.					_
		Amended filers us	se line 53 instead o	f line 52 for all references	below.	
E	AV DIJE Subtract	ling 52 from ling 47. If	loss than zoro loss	/e blank	> 54	
				/e blank		
				at00	56	
				nd on page 1, line 61		
		FUND OR CREDIT F		nd on page 1, line of		
				47 forms 15		
				47 from line 52 58		
				▶ 59 rward ▶ 60		
				/ 60		_
		e filed by March				
	ATURE AND PRI	EPARER AUTHORIZ	LATION	PREPARER'S DECLARA	TION	
	e under penalty of perjur rect to the best of my kn			I declare under penalty of per which I have any knowledge.		sed on all information of
		my return with my preparer.	Yes No	Taxpayer's Signature		Date
aynave	r's Signature	Dat	Δ	Business Address and Telepho	one	
алрауе	i a dignature	Dat	C	Dusiness Address and Telephi	JIIG	
itle		I		1		